

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08774 (4)
1. Corporation Name
UNITED METHODIST CHURCH OF PARRISH, INC.

Principal Place of Business 12180 US HWY 301 P.O. BOX 375 PARRISH FL 34219	Mailing Address 12140 69TH STREET E. P.O. BOX 375 PARRISH FL 34219
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/18/1985		
4. FEI Number 59-2384853	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAKIN, JERRY MR
13115 65TH ST. E.
PARRISH FL 34219**

10. Name and Address of New Registered Agent

81 Name Mr. Robert Ransford		
82 Street Address (P.O. Box Number is Not Acceptable) 9927 Cape Haze Circle		
83		
84 City Parrish	FL	85 Zip Code 34219

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ROBERT S. RANSFORD *Robert Ransford* DATE **2/8/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	<input checked="" type="checkbox"/> DELETE	
NAME	DAKIN, JERRY		
STREET ADDRESS	13115 65TH STREET E.		
CITY - ST - ZIP	PARRISH FL 34219		
TITLE	VT	<input checked="" type="checkbox"/> DELETE	
NAME	JUDAY, ROBERT		
STREET ADDRESS	1131 D CARLTON ARMS BLVD.		
CITY - ST - ZIP	BRADENTON FL 34208		
TITLE	ST	<input checked="" type="checkbox"/> DELETE	
NAME	DAVIDSON, JOHN		
STREET ADDRESS	3108 107TH STREET E.		
CITY - ST - ZIP	PALMETTO FL 34221		
TITLE	T	<input checked="" type="checkbox"/> DELETE	
NAME	MCCALL, MELVA		
STREET ADDRESS	8917 121ST STREET E.		
CITY - ST - ZIP	PARRISH FL 34219		
TITLE	T	<input checked="" type="checkbox"/> DELETE	
NAME	HORNSBY, GARY		
STREET ADDRESS	2908 COUNTRY RIVER DR.		
CITY - ST - ZIP	PARRISH FL 34219		
TITLE	T	<input checked="" type="checkbox"/> DELETE	
NAME	RANSFORD, ROBERT		
STREET ADDRESS	9927 CAPE HAZE CIRCLE		
CITY - ST - ZIP	PARRISH FL 34219		

1.1 TITLE	CT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	RANSFORD, ROBERT		
1.3 STREET ADDRESS	9927 CAPE HAZE CIRCLE		
1.4 CITY - ST - ZIP	PARRISH, FL 34219		
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	HORNSBY, GARY		
2.3 STREET ADDRESS	2908 COUNTRY RIVER DR.		
2.4 CITY - ST - ZIP	PARRISH, FL 34219		
3.1 TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	COOPER, KATHY		
3.3 STREET ADDRESS	P.O. BOX 483 N/A		
3.4 CITY - ST - ZIP	PARRISH, FL 34219		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	DAVIDSON, JOHN		
4.3 STREET ADDRESS	3108 107TH STREET E.		
4.4 CITY - ST - ZIP	PALMETTO, FL 34221		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	DAKIN, JERRY		
5.3 STREET ADDRESS	13115 65TH STREET E.		
5.4 CITY - ST - ZIP	PARRISH, FL 34219		
6.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	WOLF, JOE		
6.3 STREET ADDRESS	3320 DENISE DR.		
6.4 CITY - ST - ZIP	ELLENTON, FL 34222		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Robert Ransford *Robert Ransford* DATE: **2/8/98** **941-776-3116**

CR2E037 (10/97)